

<i>Please Print Legibly</i>		<b>DOSIMETRY - KI REPORT FORM</b>				<i>Do not enter SSN for drills</i>				
Emergency Worker's Name:						Social Security Number:				
Home Address:						Worker's Organization:				
City/State/Zip:						Organization Phone #:				
<b>DOSIMETRY – KI REPORT FORM INSTRUCTIONS</b>										
<ul style="list-style-type: none"> <li>• Read 0 - 200 mR and 0 - 20 R dosimeters every thirty (30) minutes by default and every fifteen (15) minutes, once directed.</li> <li>• Do not exceed 175 mR cumulative total without notifying a supervisor.</li> <li>• If the dosimetry indicates a total exposure of 1 R or higher, expedite return of the TLD to the issuing RADEF officer or NH DPHS Public Health Liaison.</li> <li>• NH DPHS will forward your final TLD reading to you along with an explanation of the reading, and/or the need for any follow-up medical recommendations if necessary. (See Radiological Screening Program tracking number below.)</li> </ul>										
Mission		0 - 200 mR			0 - 20R			Thermoluminescent Dosimeter (TLD)		
DESCRIPTION	DATE	SERIAL #	BEFORE	MISSION TOTAL	SERIAL #	BEFORE	MISSION TOTAL	SERIAL #	ISSUED BY	DATE/TIME
			AFTER			AFTER			RETURN TO	DATE/TIME
1			mR	mR		R	R			
			mR			R				
2			mR	mR		R	R			
			mR			R				
3			mR	mR		R	R			
			mR			R				
4			mR	mR		R	R	CONTROL		
			mR			R			TLD #	
			TOTAL:	mR		TOTAL:	R		TLD READING	mR
									READING DATE	
Emergency Worker's Signature:						Date:				
<b>CONTAMINATION MONITORING</b>								<b>KI INSTRUCTIONS</b>		
<p>Upon completion of the mission, or as directed, you must undergo contamination monitoring at a decontamination facility/station.</p> <p>Monitoring personnel at these facilities will complete a contamination monitoring report for you.</p>								<p>After completing the Form 135A, ingest KI tablets only at the direction of your supervisor. <b>Take 130mg</b> per day during radioiodine exposure. If you have any adverse reaction to the drug, discontinue taking KI and report this to your supervisor. Discontinue taking KI when instructed by the State.</p>		
CONTAMINATION MONITOR				Background Reading:		Contamination Reading:		<b>POTASSIUM IODIDE RECORD</b>		
Instrument Serial #:								DATE	TIME	DOSE
Signature of Monitor:				Date:		DAY 1				130mg
						DAY 2				130mg
						DAY 3				130mg
						DAY 4				130mg
<u>COLOR</u>	<u>INITIAL DISTRIBUTION</u>		<u>FINAL DISTRIBUTION</u>		<b>For NH DPHS Use Only</b>		Form 305A / NO16			
White	Emergency Worker		Emergency Worker		Radiological Screening Program					
Yellow	Emergency Worker		NH DPHS Liaison		Tracking #: _____					
Pink	Issuing Organization		Issuing Organization		(Check Box if Not Applicable <input type="checkbox"/> )					

